



Nashville Healthcare Center

New Appointment Request Form (NARF)

Please fill out as completely as possible and fax to: **615-528-3621, Attention: Incoming Referral**

For questions, contact our Referrals department at 615-341-4720

For emergent requests, please contact the Referrals department at 615-341-4720

For non-emergent priority referrals, indicate urgency: Urgent (within 4 weeks) Routine (next available appointment)

Patient Last Name		Patient First Name		Patient Middle Name	
Date of Birth			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Patient Address			Patient City, State Zip Code		
Guardian Name and Relationship			Guardian Phone		
Interpreter Needed? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, Language			
Services/Specialty Clinic Requested			Insurance Plan		
ICD-10 Diagnosis (Required)			Reason for Visit		
Preferred Clinic Location			<input type="checkbox"/> New Patient Consult <input type="checkbox"/> Transfer of Care <input type="checkbox"/> Return Visit or Ongoing Care <input type="checkbox"/> Second Opinion		
Reason for Referral (Clinical question for Specialist)					
Telehealth - Are you aware of any barriers to performing a successful telehealth visit with this family? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, please provide details		

Please fax all relevant clinical documents (e.g., clinic notes, medication history, growth charts, labs, diagnostic reports) with this fully completed form to 615-528-3621.

Referring Provider		<input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Other Provider	
Practice Name		Best Practice Contact Number	
Email		Fax	

For clinical questions regarding referrals, please contact the clinical team for the appropriate clinic.

NOTE: Some insurance subscribers may require pre-authorization prior to scheduling.

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